



- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

EXAMPLE:

Yes ☒ No ☐

## APPLICATION FOR LETTER OF AUTHORITY (GOVERNMENTAL)

### APPLICATION INFORMATION (PERSONAL INFORMATION MUST MATCH BUREAU RECORDS)

I understand a security officer commission must be applied for and obtained from the Private Security Program for each individual employed to carry a firearm before that individual may carry a firearm. Yes ☐ No ☐

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

Point of Contact Last Name	First	M.I.	Suffix (If Any)
Point of Contact Title/Position			
Point of Contact Date of Birth	Email		

### PAYMENT INFORMATION

**Letter of Authority Registration Fee:** \$400 registration fee + \$12 subscription fee = **\$412** total

I am submitting the appropriate fee(s) with this application by mail. Yes ☐ No ☐ \*If yes, a PSB-50 must be submitted with this application.  
(Note: Payment must be in the form of a cashier's check, money order or company check.)

I understand all fees submitted to Private Security are non-refundable, are not transferable and, in accordance with Texas Administrative Code §35.23, I will have 90 days from the date the application is received by DPS to submit all required documentation, supplemental information and/or fees OR this application will be abandoned and I will be required to reapply. Yes ☐ No ☐

### ENTITY INFORMATION

Entity Name			
Mailing Address			
City	State (2- Letter Code)	ZIP	
Physical Address			
City	State (2- Letter Code)	ZIP	
Business Phone	Business website		
Business Email			
Manager's Last Name	First	M.I.	Suffix (If Any)
Manager's Date of Birth	Manager's Email		

I verify the information provided is true and correct, and I understand this is an official government record and any false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Applicant Printed Name \_\_\_\_\_

Applicant Title \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note: Applicant is not required to submit Page 2 of this form.**

This form and any attachments may be forwarded electronically to:

<https://www.dps.texas.gov/rsd/contact/default.aspx>

If payment is required, this form and attachments may be forwarded by mail to:

Texas Department of Public Safety  
Private Security MSC 0242  
PO Box 15999  
Austin, TX 78761-5999

**Privacy Policy** Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect. (b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious. Please visit: <http://www.statutes.legis.state.tx.us/docs/GV/htm/GV.559.htm>